

IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MONTANA

HELENA DIVISION

RECEIVED

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CLERK, U.S. DISTRICT COURT
DISTRICT OF MONTANA
HELENA

WILLIAM H. SHRINER,

Plaintiff,

vs.

Cause No. CV 11-63-H-DWM-RKS

AMENDED COMPLAINT

Wild Jack's Casino

MVC, Mountain View Co-op

Defendants.

INSTRUCTIONS

1. Use this form to file an amended civil complaint with the United States District Court for the District of Montana. You may attach additional pages where necessary.
2. Your amended complaint must include only counts/causes of action and facts – not legal arguments or citations.
3. Your amended complaint must be typed or legibly handwritten. All pleadings and other papers submitted for filing must be on 8 ½" x 11" paper (letter size). Your signature need not be notarized but it must be an original and not a copy. You must pay the Clerk for copies of your amended complaint or other court records, even if you are proceeding in forma pauperis.
4. Complaints submitted by persons proceeding in forma pauperis and complaints

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submitted by prisoners suing a governmental entity or employee are reviewed by the Court before the defendants are required to answer. *See* 28 U.S.C. §§ 1915(e)(2), 1915A(a); 42 U.S.C. § 1997e(c). After the Court completes the review process, you will receive an Order explaining the findings and any further action you may or must take. The review process may take a few months; each case receives the judge's individual attention.

5. When you have completed your amended complaint, mail the *original* – copies are not required – to the Clerk of U.S. District Court, Missouri River Courthouse, 125 Central Avenue West, Great Falls, MT 59404.

AMENDED COMPLAINT

I. PLACE OF CONFINEMENT

A. Are you incarcerated? Yes ☐ No ☒ (if No, go to Part II)

B. If yes, where are you currently incarcerated?

C. If any of the incidents giving rise to your complaint occurred in a different facility, list that facility:

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

A. Non-Prisoners

1. Does any cause of action alleged in this complaint require you to exhaust administrative remedies before filing in court?
Yes ☐ No ☐ Don't Know ☒
2. If yes, have you exhausted your administrative remedies?
Yes ☐ No ☐

B. Prisoners (If you listed other institutions in I.C above, please answer for each

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institution).

1. Is there a grievance procedure in your current institution? Yes ☐ No ☒
2. Did you fully exhaust the administrative grievance process within the jail or prison where the incidents at issue occurred? Yes ☐ No ☐
3. If you did not fully exhaust the grievance process, explain why:

III. PARTIES TO CURRENT LAWSUIT

A. Plaintiff William Shriners is a citizen of MT,
(State)
presently residing at P.O. Box 572 Lincoln MT 59639.
(Mailing address or place of confinement)

B. Defendant Mountain View Co-op is a citizen of MT,
(State)
employed as _____ at _____.
(Position and Title, if any) (Institution/Organization)

Defendant _____ is a citizen of _____,
(State)
employed as _____ at _____.
(Position and Title, if any) (Institution/Organization)

Defendant _____ is a citizen of _____,
(State)
employed as _____ at _____.
(Position and Title, if any) (Institution/Organization)

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX A: PARTIES").

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IV. STATEMENT OF CLAIMS

A. Count I (State your cause of action, e.g., how have your constitutional rights been violated): 42 U.S.C. § 12102

I was Banned From Using Public Accommodation and Service Mountain View Co-op M.V.C. Because of my I.P.F.

Date of incident(s): Sept 27, 2008

1. Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. State the facts clearly in your own words without citing legal arguments, cases, or statutes).

GARY DRILLREE HEARD SHARON BELL COMPLAIN TO THE BARTENDER ABOUT MY COUGHING MIDDLE OF AUG. MARK MARTIN AND TIM KNUFFEN HEARD WHAT KATHY JO WOOLLY TOLD ME ON SEP 27, 2008 IN WILD JACK'S CASINO. SHARON BELL THE MANGER WAS TOLD SEVERAL TIMES ABOUT MY I.P.F. AND SPRAY AND CLEANERS BOTHER ME.

2. Defendants Involved: (List the name of each defendant involved in this claim and specifically describe what each defendant did or did not do to allegedly cause your injury).

BARTENDER KATHY JO WOOLLY SAID ON SEP 27, 2008 TOLD ME I WAS BANNED FROM THE CASINO. WHEN I ASK HER WHY, SHE TOLD ME SHE DID NOT KNOW WHY. SHARON BELL THE MANGER WROTE IT ON THE TABLE. ON OCT 4, 2008 I TALK TO BELL, I ASK BELL WHY I WAS BANNED. BELL SAID I COUGH TOO MUCH & THE CUSTOMER WERE COMPLAINING.

(NOTE: For each additional claim, use a blank sheet labeled "APPENDIX B. STATEMENT OF CLAIMS." You must set forth two paragraphs for each count, one consisting of Supporting Facts (following the directions under IV(A)(1)), and one consisting of Defendants Involved (following the directions under IV(A)(2)).

Appendix B. Statement of Claims

I Went through Human Rights in Feb 2009, Nov 18, 2009
I Had a Board Hearing, then they said I will get
answer in 7 days. I did not received their answer
until Dec 8, 2009. I Filled in Judicial District Court
1/19/2010, I was late Filling For Petition Judicial
Review, Because I sent the Summary to Attorney
Tom Bukman, 12/14/09 And He didn't get Back
To me until 1/13/2010. So That made me late Filling.
But I did not Have a contract with This Attorney.
Jeffrey Sherlock gave me Order Feb 22, 2011.
Case No - BDV-2010-41. He did not Rule on A.D.A.
He dismissed my case Because I was late Filling.
Then I Appeal To Supreme Court State of Montana,
March 17, 2011. Aug 23, 2011 We got the answer From Supreme
Court, They Rule the same as Jeffrey Sherlock. They
did not Rule on A.D.A.
This Case is on Appeal To United State
District Court. Case No DA-11-0138

V. INJURY

Describe the injuries you suffered as a result of each individual defendant's actions. (Do not cite legal arguments, cases, or statutes).

My Human Rights was denied to use Public Accommodations and Services own By Mountain View Co-op permanently. And Failure to make reasonable modification in policies, practices, or procedures, when such modification are necessary to afford such goods, services facilities privileges, advantages, or accommodations to individuals with disabilities

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX C: INJURY").

VI. REQUEST FOR RELIEF

Describe the relief you request. (Do not cite legal arguments, cases, or statutes).

Fifteen Million Dollars For Damage.

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX D: REQUEST FOR RELIEF").

VII. PLAINTIFF'S DECLARATION

A. I understand I must keep the Court informed of my current mailing address and my failure to do so may result in dismissal of this Complaint without notice to me.

B. I understand the Federal Rules of Civil Procedure prohibit litigants filing civil complaints from using certain information in documents submitted to the Court. In order to comply with these rules, I understand that:

- social security numbers, taxpayer identification numbers, and financial account numbers must include only the last four digits (e.g. xxx-xx-5271, xx-xxx5271, xxxxxxxx3567);
- birth dates must include the year of birth only (e.g. xx/xx/2001); and
- names of persons under the age of 18 must include initials only (e.g. L.K.).

If my documents (including exhibits) contain any of the above listed information, I understand it is my responsibility to black that information out before sending those documents to the Court.

I understand I am responsible for protecting the privacy of this information.

C. I declare under penalty of perjury that I am the plaintiff in this action, I have read this complaint, and the information I set forth herein is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

D. (Prisoners Only) This Complaint was deposited in the prison system for legal mail, postage prepaid or paid by the prison, on

_____, 20_____.

Executed at _____ on _____, 20_____.
(Location) (Date)



Signature of Plaintiff

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